(c) Section 17 (B) of Drugs and Cosmetics Act 1940 deems spurious drug as a medicine manufactured under a name which belongs to another drug, or if it is an imitation or substitute, wholly or partly of another drug, or if the label or container bears the name of a fictitious or non existent-firm Section 27 of the said Act prescribes penal provisions for manufacture and sale of spurious drugs. Sale of spurious drug, if detected, is punishable with imprisonment for a term which shall not be less than five years but which may extend to a term of life and with fine which shall not be less than Rs.10,000/-.

The issue of spurious drugs is dealt by the State Licensing Authorities. If drugs, after testing, are found to be not-of-standard quality or spurious or adulterated, action is initiated by them in terms of the provisions of the Drugs and Cosmetics Act, 1940 and Rules thereunder as they enforce the provisions of the said Act. Punitive action is taken by launching prosecutions as per the provisions of the Act after completing necessary investigations in the matter.

**Expansion of Rural Health Infrastructure**

3955. SHRI ANANTA SETHI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have a proposal to expand rural health infrastructure during the Ninth Plan;

(b) if so, the work done in that regard during the current Plan period, State-wise; and

(c) the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) Yes, Sir. The targets and achievements for establishment/expansion of rural health care institution, is given at Statement-I *(see* below).

(b) and (c) Apart from establishing rural health care institutions in the country, a number of operational strategies have been enunciated in the Ninth Five Year Plan period, for improving health services in rural areas, some of which are as under:

Identifying and rectifying the critical gaps in infrastructure, manpower, equipment, essential diagnostic reagents and drugs at all levels of primary health care.

Funding for effective referral linkages between existing primary, secondary and tertiary health care institutions.

Ensuring that geographically delineated rural areas are covered by the three tier primary health care institutions as per norms through integration of the existing hospitals/dispensaries in rural areas into the appropriate tier of the rural primary health.

Accord high priority to filling the reported large gaps at the level of CHC/FRU by redisgnating and appropriately strengthening the existing block level PHCs, Sub-district/sub-divisional hospitals, rural hospitals and sub-district post-partum centres.

Specific action plans have been initiated during the current plan period to implement the strategies envisaged in the Ninth Five Year Plan.

The National Population Policy-2000 has envisaged a number of interventions for strengthening of Primary Health Care in the country. Details are given at Statement-II *(see* below).

Under the Pradhan Mantri Gramodaya Yojana, the Primary Health Care infrastructure is being strengthened by increased provisioning of drugs, essential equipment and furniture.

Reproductive and Child Health Programme is being implemented in the country which provides for strengthening of primary health care system through provision of drugs, equipments, civil works, training and support staff etc.

Attempts are being made for utilization of fund from external funding agencies. Basic Minimum Services (BMS)/Prime Minister's Gramodaya Yojana (PMGY) and Centrally Sponsored Schemes (CSS) to fill critical gaps in infrastructure and manpower to improve functioning of primary health care institutions and minimize inter-state and inter-district differences.

Efforts for strengthening appropriately restructuring and reorganization of infrastructure and redeployment of staff, that they take care of health problems of population in a defined geographic area (including referral services) are being vigorously pursued.

The performance of disease control programmes is being improved by rectifying defects in design and delivery, filling critical gaps in infrastructure and manpower, promoting skill upgradation, supplies and efficient referral arrangements.

Vacancies of doctors/specialists are being filled through district walk-in interviews and part-time placements.

User charges have been introduced for cost recovery in secondary, tertiary and super speciality institutions in many States for the people above poverty line. This is being ploughed back into improving the health facility, to further improve quality of care. However, essential primary health care, emergency life saving services, services under National Disease Control Programmes and National Family Welfare Programme are being provided free of cost to all irrespective of their ability to pay.

**Statement-I**

*Ninth Plan (1997—2000) Targets and Achievements of Sub-Centres, PHCs and CHCs*

| Sl. No. | States/UTs | Sub-Centres | | PHCs | | CHCs | |
|---|---|---|---|---|---|---|---|
| | | Ninth Plan target | Achieve-ments | Ninth Plan target | Achieve-ments | Ninth Plan target | Achieve-ments |
| 1 | Andhra Pradesh | 0 | 0 | 372 | 51 | 220 | 12 |
| 2 | Arunachal Pradesh | 0 | 34 | 0 | 13 | 0 | 10 |
| 3 | Assam | 0 | 0 | 107 | 0 | 76 | 0 |
| 4 | Bihar | 1026 | 0 | 428 | 0 | 511 | 0 |
| 5 | Goa | 0 | 0 | 5 | 2 | 1 | 0 |
| 6 | Gujarat | 0 | 0 | 68 | 27 | 71 | 47 |
| 7 | Haryana | 183 | 0 | 16 | 2 | 39 | 1 |
| 8 | Himachal Pradesh | 0 | 89 | 0 | 42 | 0 | 23 |
| 9 | J & K | 0 | 0 | 0 | 2 | 4 | 8 |
| 10 | Karnataka | 0 | 0 | 0 | 75 | 26 | 7 |
| 11 | Kerala | 0 | 0 | 0 | 6 | 100 | 25 |
| 12 | Madhya Pradesh | 184 | 9 | 206 | 0 | 307 | 144 |
| 13 | Maharashtra | 808 | 0 | 61 | 67 | 135 | 48 |
| 14 | Manipur | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 | Meghalaya | 87 | 36 | 0 | 4 | 6 | 3 |

| Sl. No. | States/UTs | Sub-Centres | | PHCs | | CHCs | |
|---|---|---|---|---|---|---|---|
| | | Ninth Plan target | Achieve-ments | Ninth Plan target | Achieve-ments | Ninth Plan target | Achieve-ments |
| 16 | Mizoram | 0 | 22 | 0 | 0 | 0 | 1 |
| 17 | Nagaland | 81 | 58 | 21 | 13 | 9 | 4 |
| 18 | Orissa | 447 | 0 | 0 | 250 | 108 | 0 |
| 19 | Punjab | 6 | 0 | 0 | 0 | 14 | 0 |
| 20 | Rajasthan | 0 | 526 | 0 | 58 | 51 | 2 |
| 21 | Sikkim | 0 | 0 | 0 | 0 | 2 | 0 |
| 22 | Tamil Nadu | 0 | 0 | 0 | 0 | 237 | 0 |
| 23 | Tripura | 42 | 2 | 40 | 3 | 13 | 0 |
| 24 | Uttar Pradesh | 2184 | 0 | 0 | 0 | 621 | 48 |
| 25 | West Bengal | 2483 | 253 | 170 | 47 | 342 | 10 |
| 26 | A&N Islands | 0 | 4 | 0 | 1 | 0 | 0 |
| 27 | Chandigarh | 1 | 1 | 2 | 0 | 0 | 0 |
| 28 | D&N Haveli | 6 | 2 | 1 | 0 | 2 | 1 |
| 29 | Daman & Diu | 0 | 0 | 0 | 0 | 0 | 0 |
| 30 | Delhi | 148 | 0 | 24 | 0 | 8 | 0 |
| 31 | Lakshadweep | 0 | 0 | 0 | 0 | 0 | 0 |
| 32 | Pondicherry | 0 | 0 | 0 | 0 | 0 | 0 |
| | ALL INDIA: | 7686 | 1036 | 1521 | 663 | 2903 | 394 |

**Statement-II**

STRENGTHENING OF PRIMARY HEALTH CARE INTERVENTIONS ENVISAGED IN NATIONAL POPULATION POLICY—2000

1. DIVERSE HEALTH CARE PROVIDERS

a) Accreding Private Medical Practitioners and assigning them to defined beneficiary groups to provide Reproductive and Child Health Care Services.

b) Revival of the system of licenced medical practitioners who after certification from the Indian Medical Association could provide specified clinical services.

c) Involve the non-medical fraternity in consulting and advocacy to promote National Family Welfare effort.

2. Collaboration with and commitments from Non Governmental Organisation and the Private sector.

3. Collaboration with and commitment from Industry. The areas identified for collaboration are Management Information System, Information Education and Communication. Help promote transportation of patients to and from remote and inaccessible areas, provision of Reproductive and Child Health Care to its employees, creation of a National Network of health centres etc.

4. Mainstreaming Indian System of Medicine and Homoeopathy.

a) Provide training to ISMH Doctors in RCH Programme.

b) Utilise the service of ISMH Doctors to fill in gaps in manpower in health infrastructure.

**National Health Programme on Blindness in Andhra Pradesh**

3956. DR. DASARI NARAYANA RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are implementing National Health Programme on Blindness in Andhra Pradesh;

(b) if so, the details therof; and